Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL					Application Number 10/560,19			90		
					g Date	5/12/2004				
For FY 2009					First Named Inventor Gunter Weickert					
Applicant claims small entity status. See 37 CFR 1.27					niner Name	Fred M. 7	Γeskin			
Applicant cianns small entity status. See 37 CFR 1.27					Art Unit 1796			***	. , , , , , , , , , , , , , , , , , , ,	
TOTAL AMOUNT OF PAYMENT (\$) 310.00					Attorney Docket 5946 - 091709					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
FILING FEES SEARCH FI						TION FEES				
				Small Entity Fee (\$)	<u>y</u> <u>S</u> Fee (\$)	mall Entity Fee (\$)		Fees P	aid (\$)	
Utility	330	82	540	270	220	110				
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0				
2. EXCESS CLAIM FEES									Small Entity	
								Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) 52									26	
Each independent claim over 3 (including Reissues)								220	110	
Multiple dependent cl								390	195	
<u>Total Claims</u> -			Fee (\$)	S) Fee Paid (\$)			Multiple Dependent Claims Fee (\$) Fee Paid (\$)			
HP = highest number o	f total claims pai	d for, if greater th	x an 20.					<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims -	3 or HP	Extra Clair		Fee (\$)	Fee Paid (\$)	•	***************************************			
HP = highest number o	f independent cla	= sims paid for if or	eater than 3	================================						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.										
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement & Extension of Time Fees 310.0									210.00	
Other (e.g., late filing surcharge): Information Disclosure Statement & Extension of Time Fees 310.00										
SUBMITTED BY										
Signature	0	P	-		Registration No. (Attorney/Agent)	35,972	Telepho	one 4	12-471-8815	
Name (Print/Type)	Ann M	Cannoni		, H	//·		Date	Octob	er 16, 2009	